

Massachusetts Nongroup Health Insurance

Guaranteed Issue Plan Rates for the Period Between December 1, 2006 and November 30, 2007

Company	Plan	Plan Name	Sample Monthly Rates					
			Single 25 Yr Old		Family 35 Yr Old w/Sp+2 Children		Two Adults 63 Yr Old w/60 Yr Old Spouse	
			Boston	Springfield	Boston	Springfield	Boston	Springfield
Blue Cross and Blue Shield of Massachusetts, Inc. Consumer Sales 401 Park Drive, 01-06 Boston, MA 02215-3326 1-800-422-3545	Pref Prov Plan	\$250 Deductible	\$696.76	\$613.66	\$1,646.44	\$1,450.08	\$2,489.61	\$2,192.69
		\$5000 Deductible	\$334.44	\$294.56	\$790.29	\$696.04	\$1,195.01	\$1,052.49

Website: www.bluecrossma.com
Enhanced Benefits (if any): Fitness and Weight Loss Benefit Programs, Mail order drug program.
Premium by Geographic Area? Yes.
Payment Mode Discount? No, only monthly rates are available.
Only available through associations? No.
2006-2007 Enrollment: May contain up to a 6-month waiting period depending on prior creditable coverage.

Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. Consumer Sales 401 Park Drive, 01-06 Boston, MA 02215-3326 1-800-422-3545	HMO Plan	Standard Value	\$528.28	\$465.28	\$1,248.34	\$1,099.45	\$1,887.63	\$1,662.50
			\$331.23	\$291.73	\$782.71	\$689.36	\$1,183.54	\$1,042.38

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